



Commonwealth
of Massachusetts

**Form CPF D105: Summary Report of Campaign
Receipts and Expenditures
Office of Campaign and Political Finance**

File with: Director
Office of Campaign and Political Finance
Boston, MA 02108
One Ashburton Place
(617) 727-8352

CPF ID# _____
For Office Use

Reporting period from _____ through _____
Month Day Year Month Day Year

Name of Candidate/Committee: _____

Office Sought: _____

Name of Bank: _____

Beginning Balance for Reporting Period \$ _____

Total Receipts in the Reporting Period \$ _____

Total Expenditures in the Reporting Period \$ _____

Ending Balance for the Reporting Period * \$ _____

I hereby declare that the information contained herein is true and correct
to the best of my knowledge and belief:

Signature of Cashier or Bank Treasurer

Name of Cashier or Bank Treasurer

Telephone Number

* This represents the ending balance in the campaign's checking account. Additional campaign funds
may also be maintained in savings accounts.